KASPER

Kentucky All Schedule Prescription Electronic Reporting

Drug Enforcement and Professional Practices Branch
Office of the Inspector General
Cabinet for Health and Family Services

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The Cabinet

- In 1999 The Cabinet for Health and Family Services was given the challenge to establish a program to fight the rising incidence of the diversion of legal prescription drugs into the illegal market.
- In response Kentucky implemented:
  - Controlled substance security prescription blanks, and
  - The Kentucky All Schedule Prescription Electronic Reporting (KASPER) system.

What is KASPER?

KASPER is Kentucky's Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

KASPER is a Web accessed database that provides a tool to help address one of the largest threats to patient safety in the Commonwealth of Kentucky; the misuse, abuse and diversion of controlled pharmaceutical substances.

The Need for KASPER

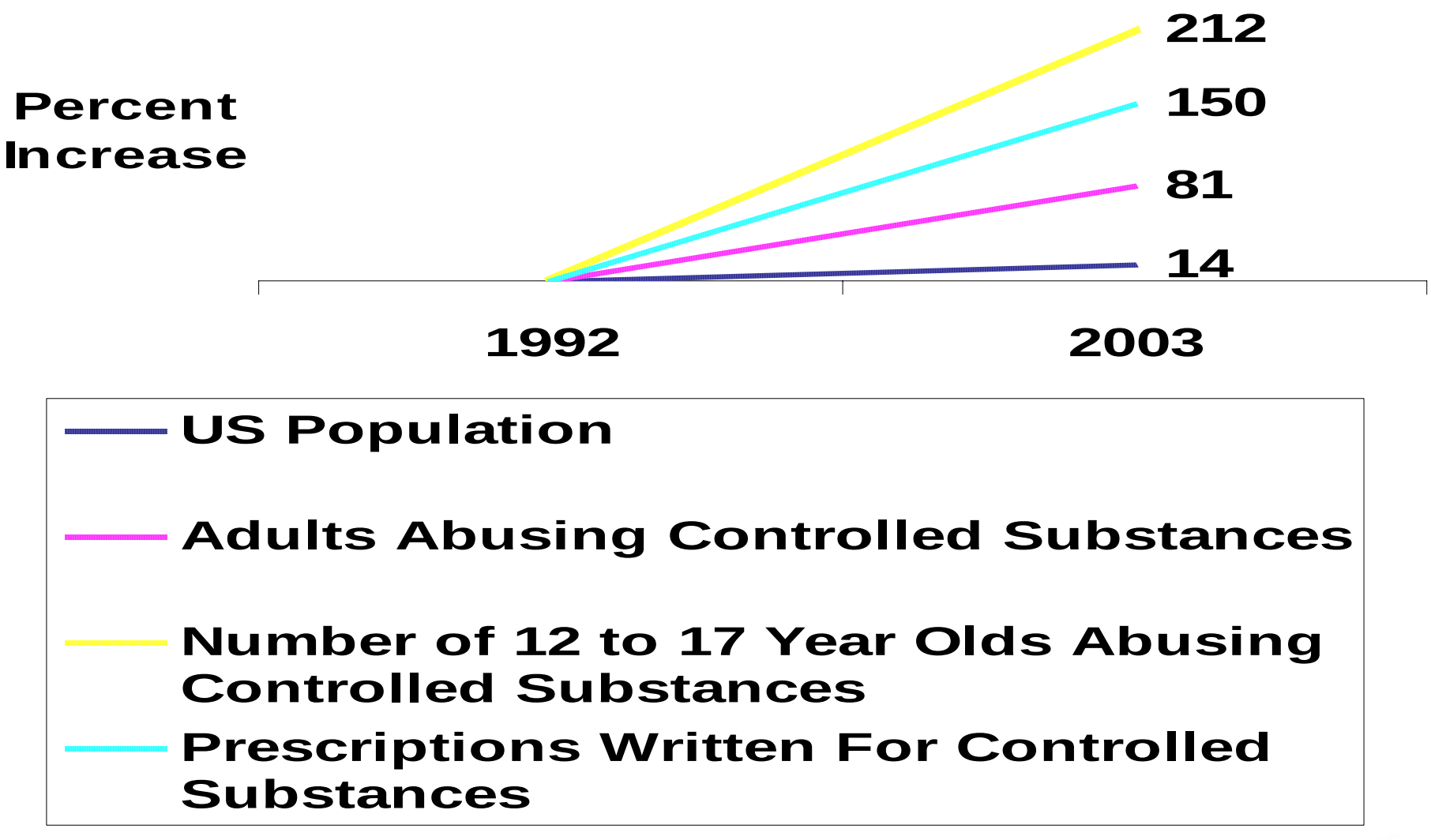
- Health care professionals need a tool to help identify patient prescription drug problems and when intervention may be needed.
- Diversion of controlled substances is reaching epidemic proportions.
  - Diverters cover large areas to obtain drugs.
  - Agencies need efficiency and value in their investigative tools.

Problems with Controlled Substances

Misuse, Abuse, Diversion

- Misuse:
  - When a schedule II – V substance is taken by an individual for a non-medical reason.
- Abuse:
  - When an individual repeatedly takes a schedule II – V substance for a non-medical reason.
- Diversion:
  - When a schedule II – V substance is acquired and/or taken by an individual for whom the medication was not prescribed.

The Scope of the Problem



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Perspective

From 1992 to 2003 the 15.1 million Americans abusing controlled prescription drugs exceeded the combined number abusing:

- Cocaine (5.9 million),
- Hallucinogens (4.0 million),
- Inhalants (2.1 million), and
- Heroin (.3 million).

Source: *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.* Published by The National Center on Addiction and Substance Abuse at Columbia University (CASA), July 2005.

“Pharm Parties”

- Short for pharmaceutical party, a rapidly increasing problem with teens and young adults.
- Bowls and baggies of random prescription drugs called “trail mix”.
- Collecting pills from the family medicine cabinet called “pharming”.
- Internet sites used to share “recipes” for getting high with prescription drugs.
  - Web sites sometimes refer to pills by color rather than brand name, content or potency.

Reported by Donna Leinwand, USA Today, June 13, 2006

Cough Syrup “Cocktails”

- Mixes of codeine-containing cough medicine with soft drinks or sports drinks.
- Popularized in rap songs in the late 1990s. Known as “Lean”, “Syrup”, Sizzurp” or “Purple Drank”.
  - Users typically mix an ounce of the medicine with a sports drink, Sprite or Big Red, then plop in a Jolly Rancher candy and pour the mixture over ice.
- San Diego Chargers defensive back Terrence Kiel charged in September 2006 with illegally shipping cases of prescription cough medicine to a relative in East Texas.

Reported by Donna Leinwand, USA Today, October 19, 2006

The Results of Rx Drug Abuse

- February 2006. Eddie Cappiello 22, died of drug overdose after a “pharm party” with the equivalent of 67 Xanax pills in his system, leaving behind a 6-week old daughter.
- June 2006. Justin Knox 22, bit down on Fentanyl patch and died before reaching the hospital.
- June 2006. Two Transportation Security Administration screeners pleaded guilty to stealing OxyContin pills from passengers.

The Economics of Drug Diversion

"Legal" Drugs Have Street Values

Generic Name	Brand Name	Brand Cost/ 100	Street Value Per 100
Acetaminophen w Codeine 30mg	Tylenol #3	$56.49	$800.00
Diazepam 10 mg	Valium 10 mg	$298.04	$1,000.00
Hydromorphone	Dilaudid 4 mg	$88.94	$10,000.00
Methylphenidate	Ritalin	$88.24	$1,500.00
Oxycodone	Oxycontin 80 mg	$1,081.36	$8,000.00
Cough Medicine w/Codeine **	Phenergan VC w/Codeine	$12.00/pint	$1,300.00/pint

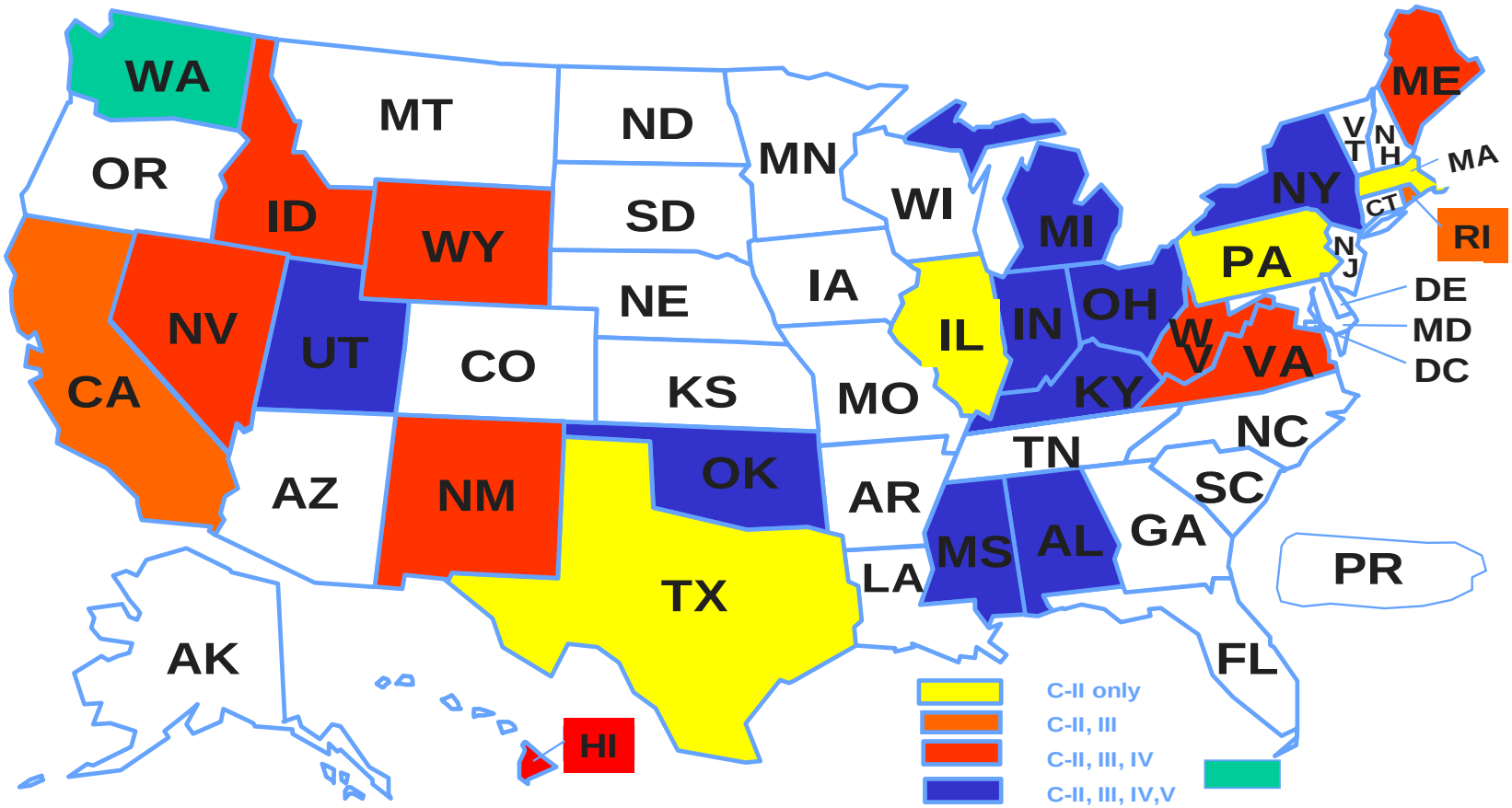
Goldman, MD, Brian, "Unmasking the Illicit Drug Seeker"
** USA Today, October 19,2006

The KASPER Program

Prescription Monitoring Programs

- 24 states currently have PMPs for at least one class of controlled substance.
- 9 states have passed legislation to implement a PMP.
- Additional states are currently considering legislation to implement monitoring programs.
- Some states with reporting limited to Schedule II controlled substances are considering expanding their programs to include additional schedules.
- PMPs are supported through federal funding as well as state funding.

States With Prescription Monitoring Programs



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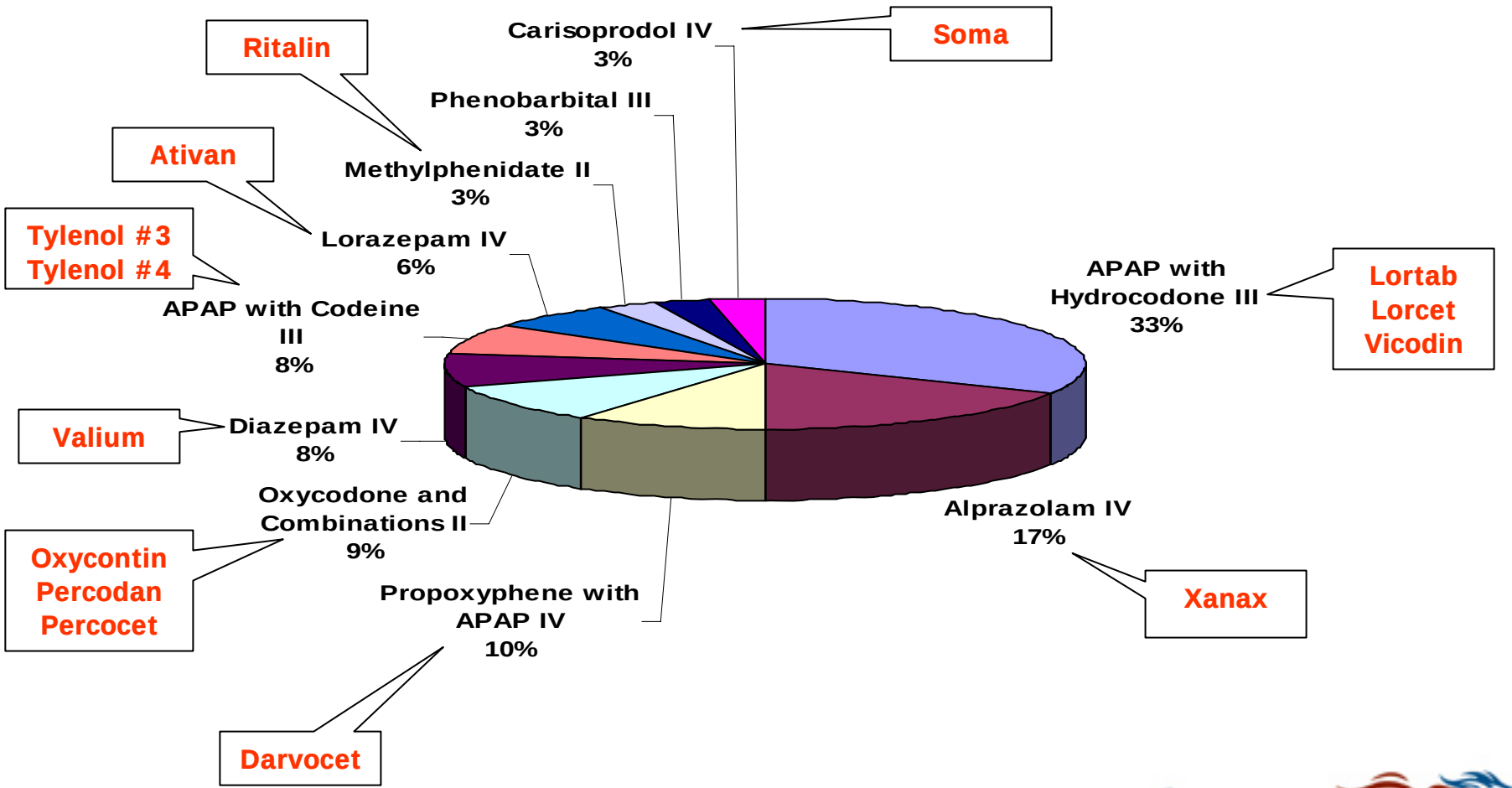
Responsibility for KASPER

- KASPER is “housed” within the Cabinet for Health and Family Services:
  - Office of the Inspector General (OIG),
    - Division of Fraud, Waste & Abuse Identification and Prevention.
- The Division has responsibility for:
  - Drug Enforcement and Professional Practices (enforcement of KY Controlled Substances Act),
  - Medicaid programs enforcement, and
  - The KASPER program.

Controlled Substance Schedules

- Schedule I – Illegal Drugs
  - e.g. heroin, marijuana, etc.
- Schedule II – Most addictive legal drugs; high abuse potential
  - e.g. oxycodone (Oxycontin, Percocet, Tylox)
- Schedule III – Less abuse potential than I or II
  - e.g. hydrocodone combinations (Vicodin, Lortab).
- Schedule IV – Less abuse potential than III.
  - e.g. benzodiazepines (Xanax, Valium).
- Schedule V – least abuse potential
  - e.g. codeine containing cough mixtures.

Top Prescribed Controlled Substances by Therapeutic Category by Doses



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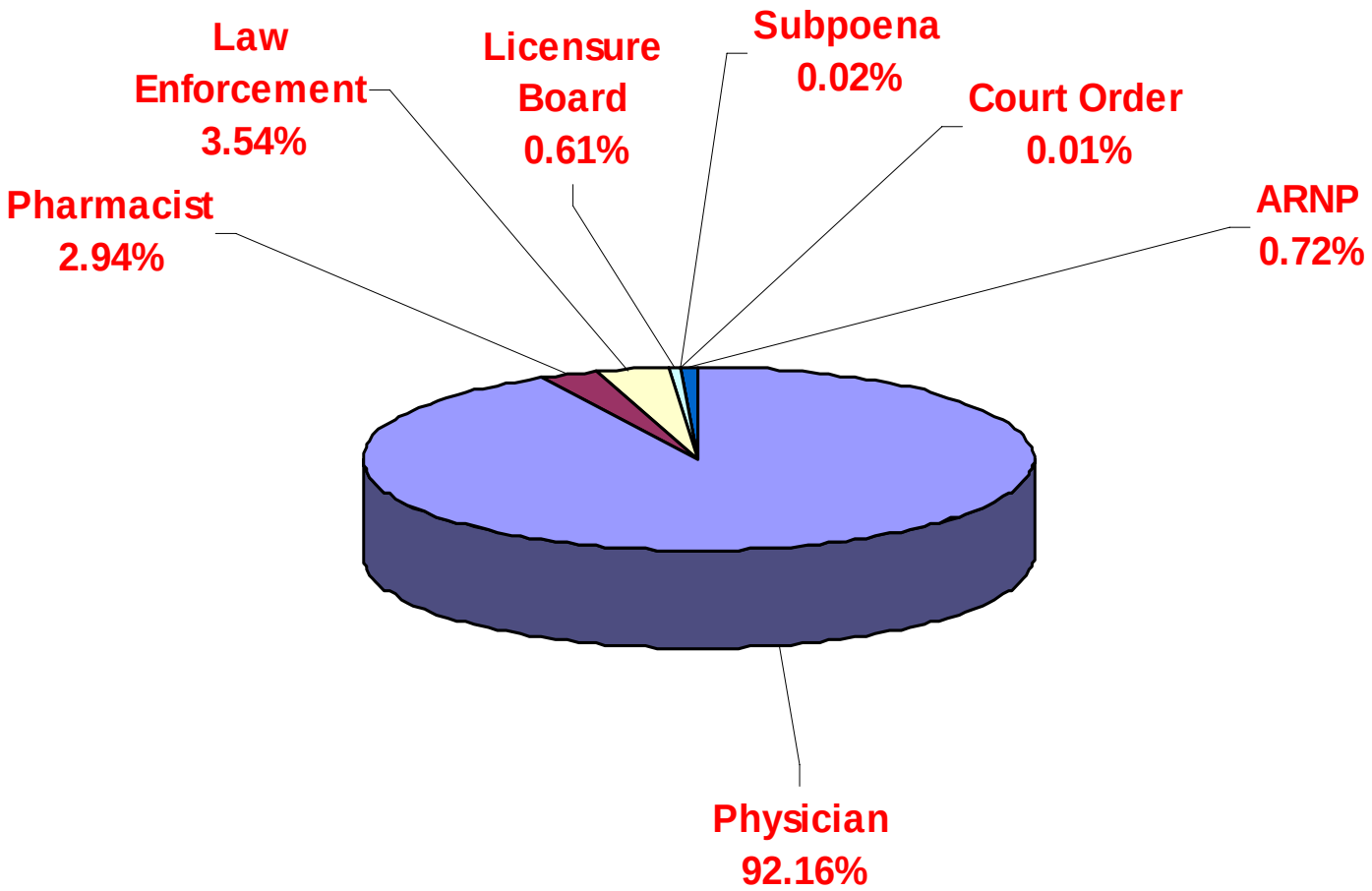
Who Uses eKASPER?

KASPER Report Requests 2005



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Goals of KASPER

- KASPER was designed as a tool to help address the problem with prescription drug abuse and diversion by providing:
  - A source of information for health care professionals.
  - An investigative tool for law enforcement.
- KASPER was not designed to:
  - Prevent people from getting prescription drugs.
  - Decrease the number of doses dispensed.

How Does Data Get into the Data Base?

- Prescription data is collected in one location and will be available to individuals with access rights (KRS 218A:202)
- Dispensers transmit prescription data to our collection agent by modem, diskette or tape
- Agent verifies, compiles and send to Drug Enforcement to be loaded onto secure server

KASPER Report Data

A KASPER report shows all scheduled prescriptions an individual has had for a specified time period, as well as the practitioner who prescribed them and the dispenser who dispensed them.

- System includes C-II, III, IV, and V

- Updated every eight days

Who May Obtain KASPER Reports?

Under KRS 218A.202 (6):

- **Licensing Boards** - for licensees only (including licensees based upon relationships or geographic trend data)
- **Law Enforcement Officers** - for a bona fide drug investigation – certified by investigator and supervisor
- **Medicaid** – for a recipient
- **Grand Juries** - by subpoena
- **Practitioners** - for medical treatment, and **Pharmacists** - for pharmaceutical treatment
- **A judge or probation or parole officer** administering a drug diversion or probation program

Plans for KASPER

Planned Enhancements

- Contract with a vendor to provide most controlled substance prescription data within 24 hours of dispensing.
- Participate in a Cabinet ePrescribing pilot program.
- Work with federal government to support efforts to share PMP data among the states.
  - Participate in a regional pilot to share PMP data (MA, ME, MI, NY, OH and WV).
- Further develop KASPER trend reporting capabilities.

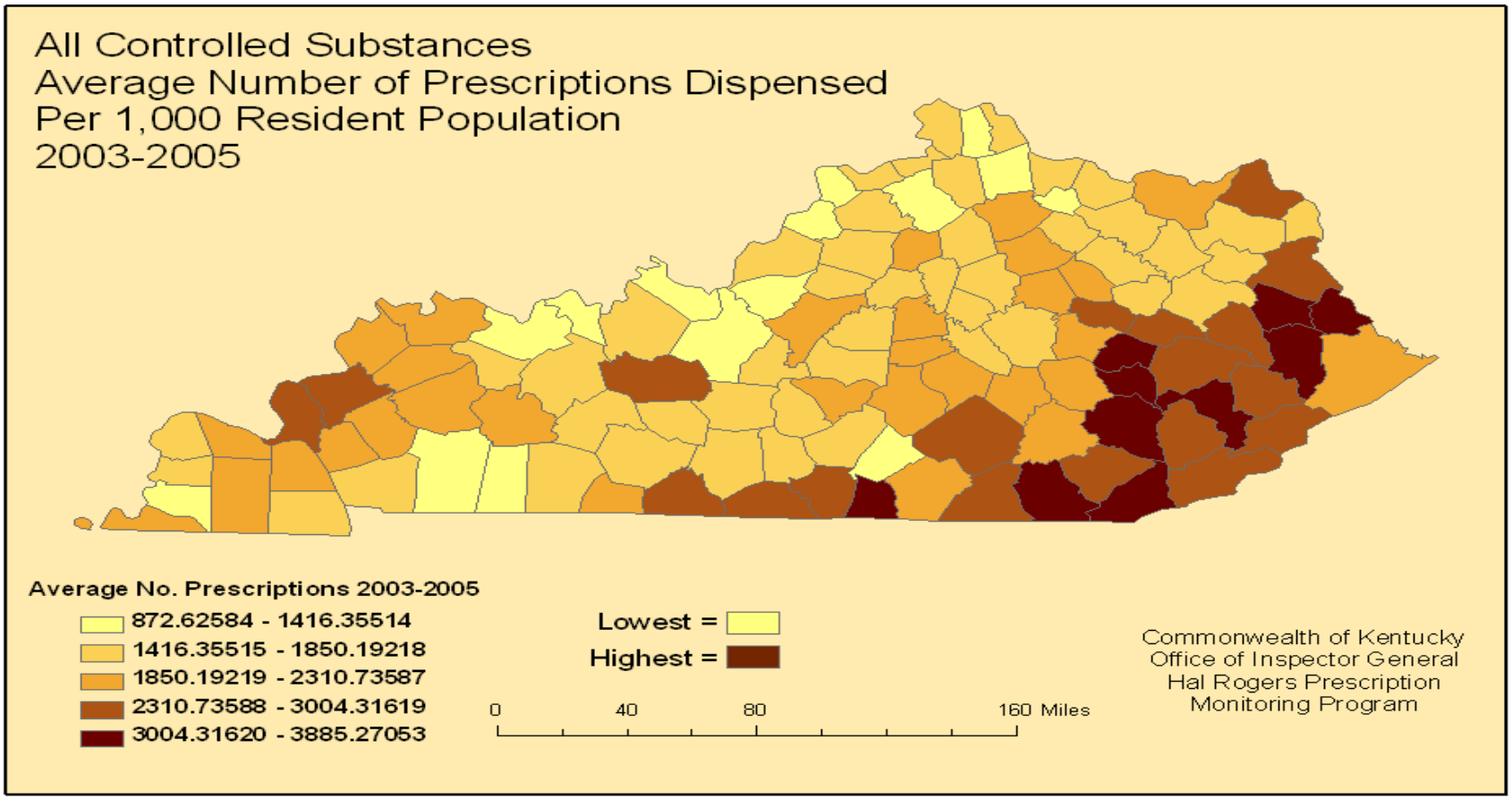
KASPER Trend Reporting

The KASPER legislation required the Cabinet to develop trend reporting criteria and publish trend reports quarterly.

- Criteria developed in collaboration with:
  - Licensure Boards.
  - Law enforcement focus group.
- Utilizing geographic information system (GIS) software to provide graphical representation of the data and to conduct “hot spot” analysis.

Controlled Substance Usage

Trends Reporting Using ArcGIS
Calculating The Average Number of Resident Prescriptions Dispensed



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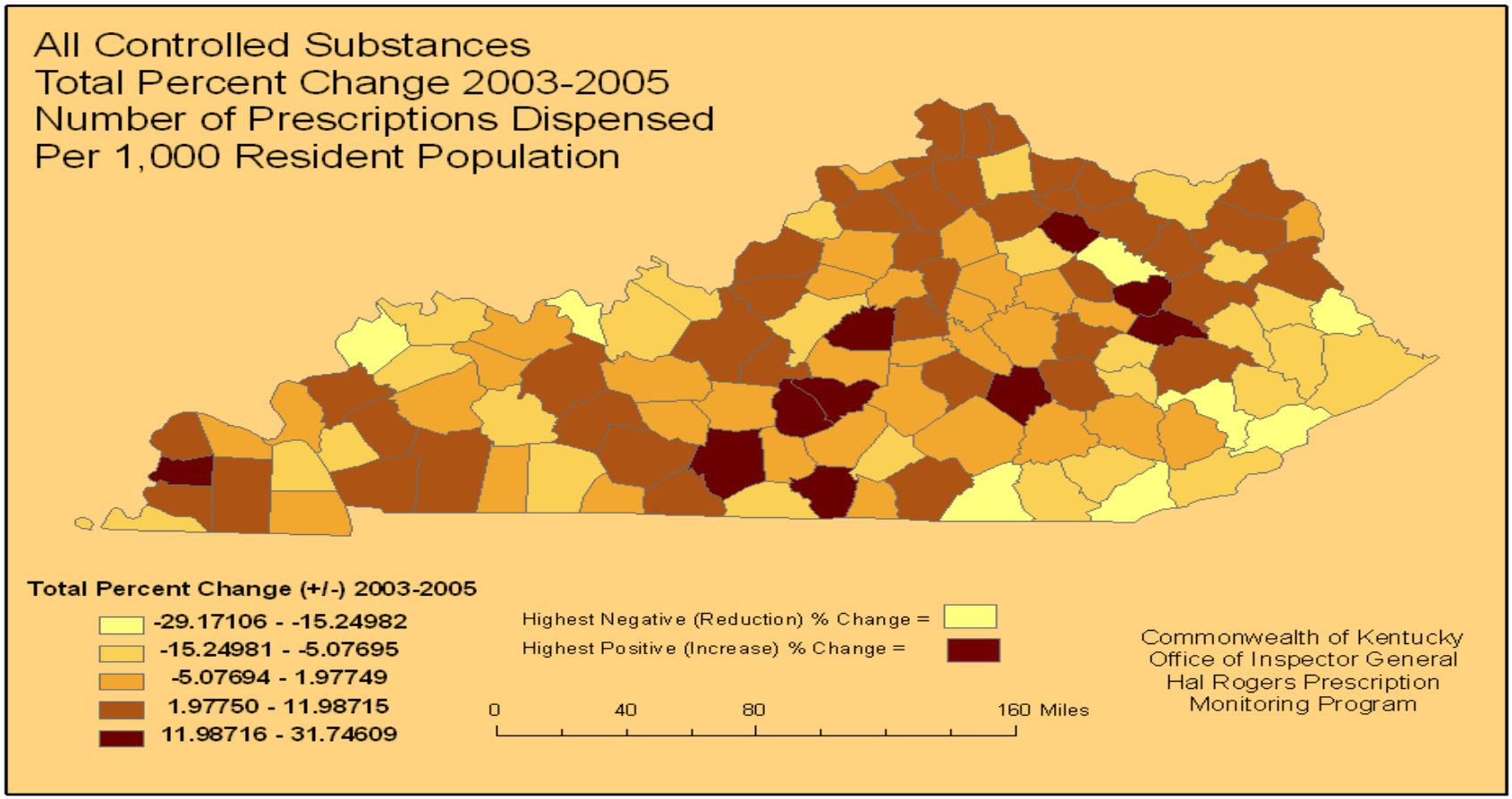
Controlled Substance Usage Change

Trends Reporting Using ArcGIS
Calculating Total Percent Change of Resident Prescriptions Dispensed



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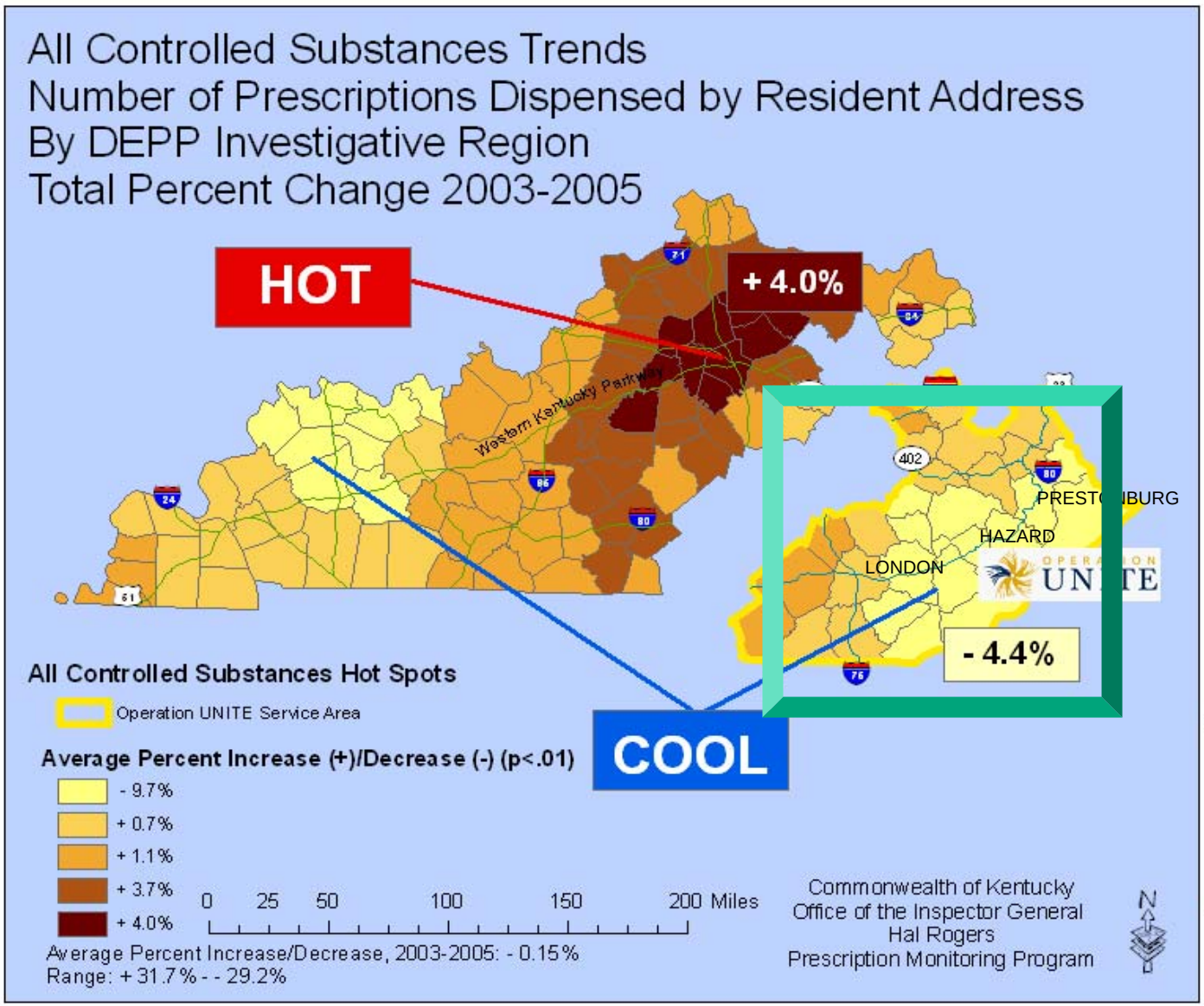
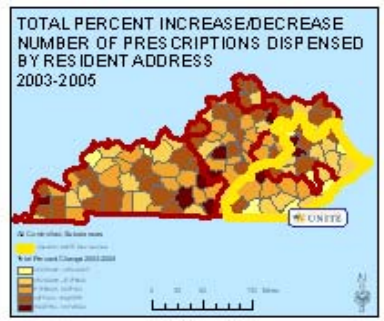
Trends Reporting Using ArcGIS
Spatial Autocorrelation and Hot Spot Analysis Spatial Statistics Tools



How "Hot Spot" Analysis Works

The Hot Spot Analysis tool identifies spatial clusters of statistically signifcant high or low values. In the case of this trends analysis, the Hot Spot analysis tool calculates a statistic that tells us whether high values or low values tend to cluster and where these clusters exist geographically. This map depicts clusters of mostly high values (hot spots) in dark red; that is, values that are higher than the mean for the study area where these high values have been found to be near each other, given a certain fixed distance, which has been determined statistically. Predominantly low values (cool spots) shown in yellow, indicate areas that are lower than the mean for the study area where they are found together.

Hot Spot Analysis is useful when trying to identify the presence of clusters or corridors of extremely high or low values. In this case, we have successfully identified areas that showwhere the percent increase in the total number of All Controlled Substances prescriptions per 1,000 residents have increased significantly (p<.01) over the period 2003-2005. According to our results, there is less than 1% likelihood that this clustered pattern could be the result of random chance. Stated another way, the dark red areas are clusters with values higher in magnitude than we might expect to find by random chance.



Map project created by Neal L. Rosenblatt, CHFS OIT HSAD, April 25, 2006. Updated June 9, 2006.

Remember!

- **Prescription drug abuse is a major problem in Kentucky.**
- **Physicians should not be afraid to prescribe or pharmacists dispense controlled substances for legitimate medical conditions.**
- **Quantity alone is not an enforcement issue - the issue is appropriate medical care.**
- **KASPER provides a valuable tool in the fight against prescription drug abuse and diversion.**

Visit the KASPER Web Site:
www.chfs.ky.gov/kasper